



**TOWN OF FRAMINGHAM
BOARD OF HEALTH
Memorial Building, Room 221, Framingham, MA 01702**

**APPLICATION FOR TOBACCO LOCATION PERMIT
Expires 5/31/**

Fee: \$100.00

DATE: _____

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS TELEPHONE NUMBER: _____

MASSACHUSETTS DEPT. OF REVENUE (DOR) LICENSE NUMBER: _____

PERSON RESPONSIBLE FOR THE BUSINESS - SEE UNDERLINED SECTION ON REVERSE SIDE
(INSTRUCTIONS FOR FOLLOWING QUESTIONS):

- If the business is a sole proprietorship, the information provided below should be for the proprietor (owner).
- If the business is a corporation, the information provided below should be for an officer of the corporation who will be held liable for any criminal acts of the corporation.
- If the business is a partnership, the information provided below should be for a partner who will be held liable for any criminal acts of the partnership.

Name of the Person Responsible for the Business (please print): _____

Address of Person Responsible for the Business: _____

Date of Birth for the Person Responsible for the Business: _____

Social Security Number of the Person Responsible for the Business: _____

**THIS APPLICATION MUST BE FILLED OUT COMPLETELY BEFORE A PERMIT WILL BE ISSUED.
INCOMPLETE APPLICATIONS WILL BE RETURNED.**

I, the undersigned applicant agree to the conditions listed on the back of this application.

Applicant's Signature

PERMIT # _____

Public Health Administrator or Health Agent

***** SEE OVER *****

- Tobacco Location Permits are non-transferable and are only valid for the applicant at the location indicated on the front of this application.
 - Tobacco Location Permits must be renewed yearly, by May 31 of each year. It is my responsibility, as applicant/permit holder to apply for a permit each year.
 - I agree to abide by all laws concerning tobacco, including, but not limited to: Regulations , Bylaws, Codes and/or Statutes of the Framingham Board of Health, the Town of Framingham, the Commonwealth of Massachusetts, and laws of the United States (including FDA regulations). It is my responsibility, as the applicant/permit holder, to learn these laws and to follow all applicable laws. Failure to follow these laws may result in a fine and/or suspension/revocation/non-renewal of my tobacco permit, as well as possible suspension/revocation/non-renewal of non-tobacco permits issued by the Framingham Board of Health and the Town of Framingham.
 - I acknowledge that my establishment will be regularly inspected by a Framingham Board of Health agent to ensure compliance with all applicable laws. Inspections may include compliance checks in which a minor (a person under 18 years of age) attempts to purchase tobacco products from my establishment. Because both federal law and Framingham regulations require that identification be checked when purchasers appear to be under 27, it is possible that minors participating in compliance checks (1) may be over 17 years old, but under 18, (2) may lie about their age, and (3) may give false information verbally. I understand that my establishment will be in violation of federal, state and Framingham laws if I or an employee sells any tobacco product to a minor. Regardless of what the minor says identification must be checked to confirm age.
 - I understand that it is my responsibility to properly train my employees/agents of all laws concerning tobacco.
 - I understand that all penalties will be applied to the holder of the tobacco permit.
 - I understand that if a citation is issued as the result of a violation of the any Framingham Board of Health regulation, I will have the following options:
 - The fine can be paid in full, within 21 days of the notice. Payment of the fine will operate as a final disposition of the matter and there will be no resulting criminal record.
 - Within 21 days of the notice, if I elect, the matter can be contested in a non-criminal hearing.
- Failure to pay fines or to appear at a hearing, even a hearing which I have requested, will result in criminal complaint being issued against the person listed on the front of this application, as the person responsible for the business.
- It is the right of the Framingham Board of Health to modify its regulations at any time, with notice as required by law.
 - If my establishment is a "Public Place" or "Retail Store" as defined by the Town of Framingham Board of Health Rules and Regulations Relative to the Sale, Vending, Distribution and Use of Tobacco within the Town of Framingham ("Regulations"), Sections II.M and II.O, I must be smokefree. If I provide a place for my employees to smoke, the location must conform to Section IV.A.2 of the Regulations. If I am a "Restaurant" "Bar," or "Club" as defined in the Town of Framingham Bylaws (Article V, Section 5) I am in full compliance with the requirements of the Bylaw.

- Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.